IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party

(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

COMMITTEE TO ELECT TOM WATSON

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization)

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FORM DR-2 (Rev. 12/2009) For Office Use Or Comm. # Logged In Scanned Computer Audited	DISCLOSURE REPORT	
nd 68A.401(3), the ca	indidate, for a	i

Subdivision Candidate (8) County PAC (9) City PAC (10) School Box 11) Local Ballot Issue	ard or Other Political Subdivision PAC		mm. #
CANDIDATE COMMITTEES ONLY: Candidate Name TOM WATSON	Political Party (if applicable) REPUBLICAN	Sc	gged In 19
Office Sought COUNTY SUPERVISOR	District (if Senate or House)	Au	dited
Late reports are subject to possible civil and criminal penalties. Pursu candidate's committee, and the chairperson, for any other type of committee.	ant to lowa Code sections 68B.32A mittee, is the individual responsible	(7) and 68A for filing tir	L401(3), the candidate, for a mely and accurate reports.
Refun MUD SIGNATURE OF PERSON FILING REPORT	317-578-1357 TELEPHONE	_	J- / 9 - / / DATE SIGNED
I AM FILING A 1-19-2011	REPORT FOR (1) ELECTION	` ``	ELECTION YEAR.
(report date)	indicate by	# 2	
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	nittees, enter Date of Election
☑ Check if this is final (termination) report and attach Notice of E (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & Le which Elect	ocal Committees, enter County in ion is held
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the case of the last reporting period or must be zero if this is first	sh on hand at the end	\$	168.33
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)		0.00
Schedule F: Loans Received total (Attach Schedule F)	***************************************	•••••	0.00
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)	••••••	0.00
(Schedule H applies to Candidates' Commit	ttees Only)		
•	SUB-TOTAL	\$	168.33
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**	'also see debts and loans below)		24.12
Schedule F: Loan Repayments total (Attach Schedule	F)		
CASH ON HAND at the end of this reporting period (if final repor	t balance must be zero)	\$	144.21
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	3,733.97
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu			
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	F)	\$	1,174.46
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES ✓ NO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H\	•	

FOR INSTRUCTIONS. SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT TOM WATSON

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	\$ ⁰
02/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	0
3/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	0
)4/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	2.68
)5/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	2.68
06/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	2.68
07/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	2.68
08/13/2010	ID#	Wells Fargo	monthly maintenance fee and state sales lax	2.68
	<u> </u>		SUB-TOTAL	\$ 13.40
			TOTAL (if last page of this schedule)	\$

THIS BOY	PPI IES TO	CANDIDATES' COMMITTEE	S ONI Y

Purchases of certain campaign property costing \$500 or more must also be inventorled on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(I).)

Page i	of ²

(for Schedule B)

2045

Fm:Robin Miller Attorney at Law To:lowa Ethics and Campaign Disclosure Board

18:01 01/19/11GMT-05 Pg 04-06

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE (Rev. 07/03)

MONETARY **EXPENDITURES**

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT TOM WATSON

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	\$ 2.68
10/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	2.68
11/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	2.68
12/13/2010	ID# CK#	Wells Fargo	monthly maintenance fee and state sales tax	2.68
	ID# CK#			
	ID# CK#			
	ID#			
	ID#			
	CK#		OUD TOTAL	AL \$ 10.72

TOTAL (if last page of this schedule)

\$ 24.12

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(j).)

> 2 Page of

> > (for Schedule B)

30f 5

Fm:Robin Miller Attorney at Law To:lowa Ethics and Campaign Disclosure Board คนค เพราะสนบาบพร, ระยะ ฮลนค บา คบคนต 18:01 01/19/11GMT-05 Pg 05-06 SCHEDULE B NCURRED INDEBTEDNESS COMMITTEE NAME (Must be same as on Statement of Organization) (Rev. 08/98) COMMITTEE TO ELECT TOM WATSON CHECK THIS BOX IF AMENDING NOTE: Debts previously reported that remain unpaid must be included on this Reset Form **FORM** Schedule, as well as any new obligations incurred in this period. An "incurred debt" is a debt for **DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD** goods or services ordered or received, but not paid for by the (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F) end of the reporting period., regardless of whether an invoice has been received. **BALANCE OWED AT** DESCRIPTION OF GOODS OR DATE SERVICES PROVIDED OR CLOSE OF INCURRED NAME AND ADDRESS OF PERSON REPORTING (MM/DD/YR) TO WHOM DEBT OR OBLIGATION IS OWED **PURCHASED** PERIOD* Tom Watson campaign brochures and mail 4-28-08 538.05 merge purchased from Adcraft 2293 Burt Road Palo, IA 52324 Printing United States Postal Service Tom Watson 5-09-08 860.00 postage for bulk mailing for 2293 Burt Road Palo, IA 52324 campaign brochures red dot stickers for flyers Tom Watson 5-09-08 25.00 2293 Burt Road purchased from Staples Palo, IA 52324 campaign brochures from Adcraft Tom Watson 5-29-08 608.44 printing 2293 Burt Road Palo, IA 52324 United States Postal Service Tom Watson 5-30-08 897.98 postage for mailing campaign 2293 Burt Road Palo, IA 52324 brochures **United States Postal Service** Tom Watson 5-31-08 160.00 postage for mailing campaign 2293 Burt Road brochures Palo, IA 52324 **WMT Radio** Tom Watson 5-30-08 654.50 2293 Burt Road

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

"If actual figure is unknown, show "estimated" beside the figure.

Palo, IA 52324

of 1 Page 1 (for Schedule D)

3,733.97

3,733,97

SUB-TOTAL \$

CANDIDATE COMMITTEES NOTE:

Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

Yof 5 page 3 of 4

		osure Board	RESET	SCHEDULE	l .
MMITTEE NAME/M	be same as on Statement of Organization)			F	LOAN
	" ·			(Rev. 02/08)	RECEIV
WHATI IEE IO EI'I	ECT TOM WATSON		ļ		& REPA
	orts money loaned to the committee which is deposited in FROM <u>LAST</u> REPORTING PERIOD \$	the committee a	account.	CHECK AMENDIN	
RTI - MONETARY LO	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Includ	de loans from candid	late's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)		ATIONSHIP TO DATE (If Applicable*	AMOUNT (OF LOAN
				\$	
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' <u> </u>		4		i i	i
	OAN REPAYMENTS MADE THIS REPORTING PERION IN THE REPORT PERION IN THE PERION IN THE REPORT PERION IN THE PERION IN T		(PART I)	\$	
		D k)	(PART I) ATIONSHIP TO DATE® (If Applicable	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D k)	ATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D k)	ATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D k)	ATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D k)	ATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D k)	ATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER	D k)	ATIONSHIP TO	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) TOTAL CAS	REI CANDII	ATIONSHIP TO DATE* (If Applicable	AMOUNT	REPAID
(Loans forgiver	n must be reported on Schedule E - In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	REI CANDIE	ATIONSHIP TO DATE* (If Applicable) TS (PART II) DRGIVEN	AMOUNT	

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